



Willow Creek Day Camp

Registration Form

March Break Madness 2017 - March 13-17

Willow Creek Baptist Church (705) 721-9536
admin@willowbarrie.com
www.willowcreekdaycamp.com

CAMPER INFORMATION: Please print information clearly and completely

First Name: _____ Known As: _____ Last Name: _____ Male Female
 Mailing Address: St. & Apt _____ City _____ Province _____ Postal Code _____
 Home Phone _____ Birth date: Day ____ Month ____ Year ____ Current Grade ____ New Camper at Willow Y N

PARENT/GUARDIAN INFORMATION:

email _____ Camper Parent
 First Name _____ Last Name _____ Home Phone (if different from camper's) _____
 Address (if different from camper's) _____

EMERGENCY CONTACTS: (Please list phone numbers where you and/or an authorized caregivers can be reached while your child is in Camp)

Name of Primary Contact: _____ Relationship to camper _____
 Daytime Phone numbers _____ Ext _____ and/or Cellular Phone _____
 Name of another contact: _____ Relationship to camper _____
 Daytime Phone numbers _____ Ext: _____ and/or Cellular Phone _____

Sibling(s) Attending Camp (please indicate whether brother/sister)

 We attend church: Seldom Occasional Regular Do Not Attend
 Church denomination if you attend: _____
 (Example: Baptist, Anglican, Roman Catholic, Muslim, etc.)

MEDICAL INFORMATION:
 Does this child have any medical conditions, behavior challenges allergies or medications that we need to know?
 No Yes - (if yes, please specify): _____

 Will this child be attending with assistance? No Yes

RELEASE:

I hereby give my permission for _____ to participate in all Willow Creek Day Camp activities
 (camper's name)
 and to receive medical treatment, if necessary. I hereby release Willow Creek Baptist Church and all Day Camp Staff from all liability. I also give permission for pictures of my child to be taken and used for Day Camp promotion.
 Name of Parent or Guardian: (Please print) _____ Signature _____

You can send your child for a day or two or for the whole week. We also have extended care available at \$5/hr.
 Please circle your selections below. (Note: There is a special full week camp rate of \$180)

MONDAY Superhero Day (visit from Zoo Tek)		TUESDAY Mad Science meets 'Construction zone'		'Wacky' WEDNESDAY Carnival Day		THURSDAY Maple Mania		FRIDAY Movin & Groovin	
Camp	\$40	Camp	\$40	Camp	\$40	Camp	\$40	Camp	\$40
Before Care	\$ 5	Before Care	\$ 5	Before Care	\$ 5	Before Care	\$ 5	Before Care	\$ 5
After Care	\$ 5	After Care	\$ 5	After Care	\$ 5	After Care	\$ 5	After Care	\$ 5

Camp Cost Calculations:
 Weekly Rate: \$180 = _____
 OR Daily Rate: \$40 x _____ (Number of days) = _____
 Before Care (8-9am) \$ 5 x _____ (Number of days) = _____
 After Care (4-5pm) \$ 5 x _____ (Number of days) = _____
 Weekly Rate Before ____ After ____ \$20 = _____
 Weekly Rate Full Extended Hours : \$30 = _____
Total Amount Due = \$ _____

Office Use Only
 Paid by: Cash Cheque
(make payable to Willow Creek Baptist Church)
 Debit/ Credit
 Rec'd. by _____ Date _____